

APPLICATION FOR CASS CLAY FOOD COMMISSION		
APPLICANT INFORMATION		
Name:		
Phone:		
Email:		
Preferred mailing address:		
City:	State:	ZIP Code:
EMPLOYMENT INFORMATION		
Current employer:		
Employer address:		
Phone:	E-mail:	Fax:
City:	State:	Zip:
Position:		
WHAT SKILLS, TRAINING, OR EXPERIENCE DO YOU HAVE RELATED TO THE WORK OF THE COMMISSION?		
REASON FOR YOUR INTEREST TO SERVE ON THIS COMMISSION:		
PLEASE PROVIDE A BRIEF BIO (200 WORDS OR LESS): NOTE: THIS MAY BE USED FOR PUBLICATION TO DESCRIBE THE COMMISSION.		
Signature:		Date:
<p>Please return this form to Michelle Draxten – <a href="mailto:MDraxten@FargoND.gov">MDraxten@FargoND.gov</a></p> <p>Or mail to:</p> <p><b>Fargo Cass Public Health</b>  Attn: Michelle Draxten  1240 25<sup>th</sup> Street South Fargo, ND  58103-2367</p>		